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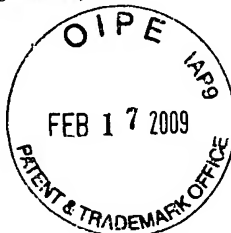
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POTOMAC PATENT GROUP PLLC
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KRISHNA KALIDINDI	(Depositor's name)
<i>Krishna Kalidindi</i>	(Signature)
17 NOVEMBER 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/650,038	08/28/2003	Michael Haisch	0902-005	6948

TITLE OF INVENTION: MICROSCOPY SYSTEM, MICROSCOPY METHOD AND A METHOD OF TREATING AN ANEURYSM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440 \$1510	\$300	\$0	\$1740 \$1810	11/19/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LAVARIAS, ARNEL C	2872	359-385000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1. POTOMAC PATENT GROUP PLLC

2. _____
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CARL ZEISS SURGICAL GmbH

OBBERKOECHEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Krishna Kalidindi*

Date 17 NOVEMBER 2008

Typed or printed name KRISHNA KALIDINDI

Registration No. 41461

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11/17/2008 16:24 FAX 7038830100		PotomacPatentGroup		001/002	
PART B - FEE(S) TRANSMITTAL					
Complete and send this form, together with applicable fee(s), to: Mail: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax: (571)-273-2885					
<p>INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 3 should be completed where appropriate. All further correspondence (including the Patent, advance orders and notification of maintenance fee) will be mailed to the current correspondence address as indicated below or directed to Block 1, by (1) specifying a new correspondence address; and/or (2) indicating a separate "FEE ADDRESS" for transmitting the notification.</p> <p>NOTE: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other correspondence, patent, state, additional paper, such as an amendment or formal drawing, that have as their certificate of mailing or transmission.</p> <p>Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop (571) PCH address above, or using facsimile transmission to the USPTO (571) 273-2885, on the date indicated below.</p> <p>KRISHNA KALIBINDI (Type or Print Name) Prashna Kalibindi (Signature) 17 NOVEMBER 2008 (Date)</p>					
APPLICATION NO.	FILED DATE	FILED NAME/INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10670231	06/18/2007	MEHRA, RAJESH	0901-005	6044	
TITLE OF INVENTION: MICROSCOPY SYSTEM, MICRO COPY METHOD AND A METHOD OF TREATING AN ANEURYSM					
APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID FEE'S FEE	TOTAL FEE'S DUE
provisional	NO	\$1440	\$150	\$0	\$1590
CLASSIFICATION		ART UNIT	CLASS-SUBCLASS		
LAVARIAS, ARNEL C		2872	279-103000		
<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.330). <input type="checkbox"/> Change of correspondence address for Change of Correspondence Address from PTO/USPTO structure. <input type="checkbox"/> "Fee Address" indicates (or "Fee Address" indicates) from PTO/USPTO, Rev. 03-02, or more recent) attached. Use of a Certificate of Mailing is required.</p> <p>2. For printing on the patent front page, list: (1) the name of up to 3 registered patent attorneys or agents (37 CFR, 1.330(a)(1)). (2) the name of a design firm (the firm as a registered design firm or agent) and the name of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> <p>3. ATTORNEY NAME AND RESIDENCE DATA TO BE PROVIDED ON THE PATENT (print or type) PLEASE NOTE: (Name as appears on the patent, if no name is identified below, the document will have filed for recording as per 37 CFR 1.330. Completion of this form is NOT a substitute for filing an assignment.) (A) NAME OF ASSIGNOR: CARL ZEISS SURGICAL GmbH (B) RESIDENCE: (CITY and STATE OR COUNTRY) OBERRAHEIM, GERMANY</p> <p>Please check the appropriate assignor category or categories (will not be printed on the patent): <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation or other private group entity <input type="checkbox"/> Government</p> <p>4a. The following fee(s) are attached: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (no small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____</p> <p>4b. Payment of Fee(s) (Please first supply any previously paid fees for items above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (specify account number on this form).</p> <p>5. Change in Entity Status (from status indicated above) <input checked="" type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(3).</p> <p>NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignor or other party to the invention as shown by the records of the United States Patent and Trademark Office.</p> <p>Authorized Signature: Prashna Kalibindi Date: 17 NOVEMBER 2008 Typed or printed name: KRISHNA KALIBINDI Registration No.: 41461</p> <p>This collection of information is required by 37 CFR 1.331. The information is required to obtain or retain a benefit by the public which is in the (and by the USPTO to promote) an application. Confidentiality is governed by 37 CFR 1.332, 1.333 and 37 CFR 1.334. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will be no charge for this collection of information. Any statement on the accuracy of the information collected in this form and/or suggestions for reducing the burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEE'S OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.</p> <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>					